

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90033 030 ***150.00

DOCUMENT # F01000000511

1. Entity Name

EXECUTIVE PROTECTION INTERNATIONAL INC.

Principal Place of Business

780 NE 69TH ST.

MIAMI FL 33138

Mailing Address

780 NE 69TH ST.

MIAMI FL 33138

2. Principal Place of Business

780 NE 69TH ST

Suite, Apt. #, etc.

2302

3. Mailing Address

780 NE 69TH STREET

Suite, Apt. #, etc.

2302

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

Zip

33138

Country

DADE

Zip

33138

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1068756

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOHOMMUD, LUTALO

20268 NW 38 PLACE

MIAMI FL 33055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

•(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **MUHAMMUD, LUTALO**
STREET ADDRESS **20268 NW 38 PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
NAME **SENER, JAY**
STREET ADDRESS **780 NE 69TH ST #2302**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lutalo Muhammad **REQUIRE LUTALO MUHAMMUD 1-27-02 (305) 785-0281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)